For Office Use Only	
CASE #	
FEE PAID	
2.112	



For Office Use Only
ZONE
CRITICAL AREA: IDA LDA RCA
BMA: Yes No
NO. OF SIGNS

DATE		900	NO. OF SIGNS	
NOTE: This form can be downloade out by hand. Applicant(s):	d to your computer and	NING APPLICATION OF THE PROPERTY OF THE PROPER	Reader (or similar product). I	t can also be printed and filled
(Applicant must hav	ve a financial, contrac	tual, or proprietary inter	est in the property)	
Property Address:				
Property Location: fe				
feet (
12-digit Tax Account Number				
Waterfront Lot: Y N				
Zoning District	Lot Number	Tax Map	Block/Grid	Parcel
Area () Subo	division Name		
Proposed Rezoning From:	T	o:		
Description of Froposed Rezor				
The applicant hereby certifies that the property; that he or she is auth	orized to make this a	pplication; that the infor	mation shown on this appl	
The applicant hereby certifies that the property; that he or she is author she will comply with all applic	orized to make this a able regulations of Ar	pplication; that the infornne Arundel County, Ma	mation shown on this appl ryland.	ication is correct; and that h
The applicant hereby certifies that the property; that he or she is author she will comply with all applic Applicant's Signature	orized to make this a able regulations of Ar	pplication; that the infornne Arundel County, Ma Owner's Signa	mation shown on this appl ryland. ture	ication is correct; and that h
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